

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/525545

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/								51					
2	/	/							52					
3		/							53					
4		/							54					
5		/							55					
6		/							56					
7		/							57					
8		/							58					
9		/							59					
10	/								60					
11	/								61					
12	/								62					
13		/							63					
14		/							64					
15		/							65					
16		/							66					
17									67					
18									68					
19									69					
20									70					
21									71					
22									72					
23									73					
24									74					
25									75					
26									76					
27									77					
28									78					
29									79					
30									80					
31									81					
32									82					
33									83					
34									84					
35									85					
36									86					
37									87					
38									88					
39									89					
40									90					
41									91					
42									92					
43									93					
44									94					
45									95					
46									96					
47									97					
48									98					
49									99					
50									100					
TOTAL IND.	4	↓		↓		↓			TOTAL IND.		↓		↓	
TOTAL DEP.	12	←		←		←			TOTAL DEP.		←		←	
TOTAL CLAIMS	16								TOTAL CLAIMS					